

# A pragmatic falls prevention intervention RCT

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# The problem...

**FALLS AMONG OLDER ADULTS ARE**

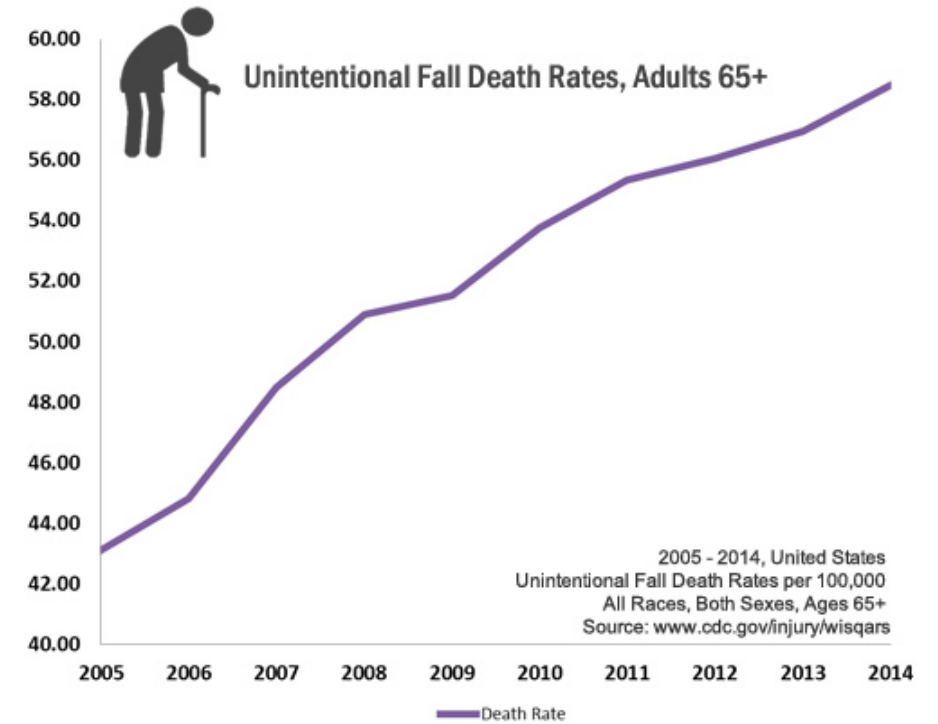
**COSTLY**  
**\$50 Billion Annually**

\$29 Billion Medicare  
 \$12 Billion Private/Out-of-Pocket  
 \$9 Billion Medicaid

**COMMON**  
**1 in 4** Older adults (85+) falls each year

**PREVENTABLE**  
 Clinicians can use **STEADI** to prevent falls & reduce costs

Finomore CM, Maganav, Shetty A, Boushey J, Johnson J, Cooke D. Medical Costs of Falls and Nonfatal Falls in Older Adults. Journal of the American Geriatrics Society. March 2016; 64:101-107.



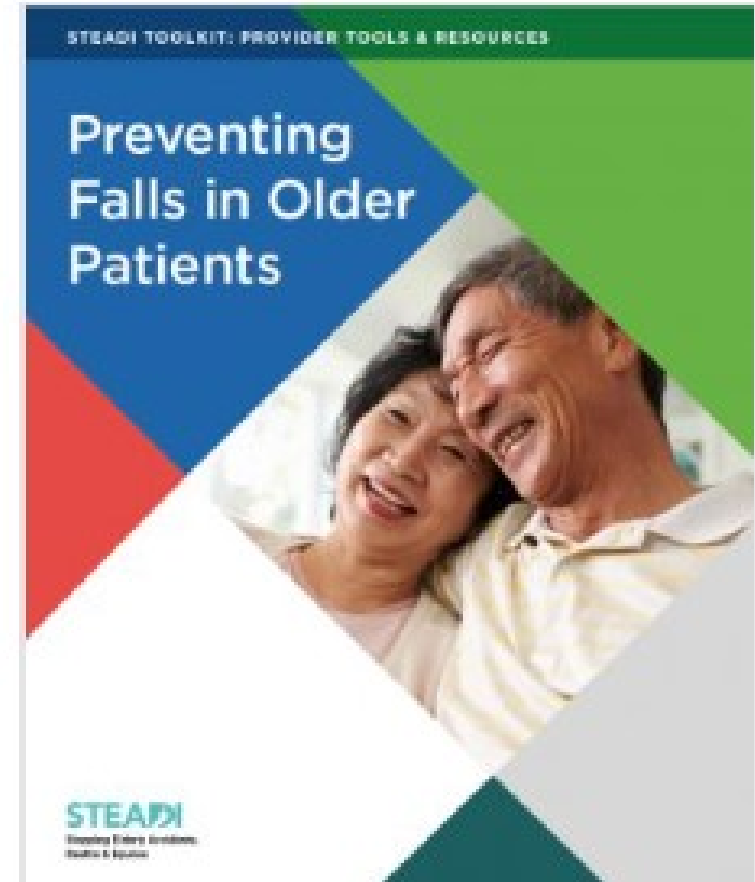
**Did not fall**   **Fell no injury**   **Fell, injured**  
**N (%)**                      **N (%)**                      **N (%)**

WHI OPACH

Participants   4274 (68.0)   1074 (17.1)   941 (15.0)

# Falls RCTs...

- 15 exercise trials (4 US) 4 home modification trials (all non-US), 10 “clinical” trials (2 US), 12 multifaceted trials (3 US)
- Address risk factors:
  - Age, poor strength/balance, home hazards, poor eyesight, medications, neuropathy, postural hypotension, urinary incontinence, poor hearing, history of stroke or diabetes, improper footwear
- What about adapting CDC’s STEADI? Developed by US and British Geriatric Societies



# Approach...

- Mail STEADI materials
- Include HSSAT
- Targeted phone intervention, receptive and call out based on:
  - HSSAT
  - Known risk factors
- Assess whether materials motivate behavior change, reduce falls & injuries

OR

Should we reach out to participants' doctors? CMS pays for falls risk assessment.